Integrated Health Project in Burundi (IHPB)

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Annual Report

December 23, 2013 – December 22, 2014

(FIRST PROJECT YEAR)

Submitted by: FHI 360 and its partners

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Table of Contents

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ABUBEF	Association Burundaise pour le Bien Etre Familial
ACTs	Artemisinin-based Combination Therapy
ADBC	Agent Distributeur à Base Communautaire (Community Based Distributors of Contraceptives)
ANC	Antenatal Care
ANSS	Association Nationale de Soutien aux Séropositifs et aux malades du Sida
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BDS	Bureau du District Sanitaire (District Health Bureau)
BMCH	Burundi Maternal and Child Health Project
BPS	Bureau Provincial de la Santé (Provincial Health Bureau)
CBO	Community-Based Organization
C-Change	Communication for Change
CCM	Community Case Management
CCT	Community Conversation Toolkit
CHW	Community Health Worker
COP	Chief of Party
COSA	Comité de Santé
CPR	Contraceptive Prevalence Rate
CPVV	Comité Provincial de Vérification et de Validation
CS	Capacity Strengthening
CSO	Civil Society Organization
CTN	Cellule Technique Nationale
DCOP	Deputy Chief of Party
DHE	District Health Educator
DHIS	District Health Information System
DHS	Demographic and Health Survey
DHT	District Health Team
DPSHA	Département de Promotion de la Santé, de l'Hygiène et de l'Assainissement (Department of Health, Hygiene and Sanitation Promotion)
EC	Emergency Contraception
EID	Early Infant Diagnostic
FAB	Formative Analysis and Baseline Assessment
FGD	Focus Group Discussion
FHI 360	Family Health International
FFP	Flexible Family Planning Project
FP	Family Planning
FTO	Field Technical Officer
GBV	Gender Based Violence
GOB	Government of Burundi
HBC	Home-Based Care
HH	Household
HIV	Human Immunodeficiency Virus
HPT	Health Promotion Technician
HIS	Heath Information System
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
iCCM	Integrated Community Case Management
IDI	In-Depth Interview

IHPB	Integrated Health Project in Burundi
INGO	International Non-Governmental Organizations
IP	Implementing Partner
IPTp	Intermittent Preventive Treatment of malaria in Pregnancy
IPC	Interpersonal Communication
IRB	Institutional Review Board
ISTEEBU	Institut des Etudes Statistiques et Economiques du Burundi
ITN	Insecticide-Treated Net
KFW	Kreditanstalt für Wiederaufbau (German Development Bank)
KII	Key Informant Interview
LMIS	Logistics Management Information System
LOE	Level of Effort
LOP	Life of Project
LPT	Local Partner Transition
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MPHFA	Ministry of Public Health and Fight against AIDS
MNCH	Maternal, Neonatal and Child Health
NMCP	National Malaria Control Program
NGO	Non-Governmental Organization
OIRE	Office of International Research Ethics
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance Monitoring & Evaluation Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
QA	Quality Assurance
QI	Quality Improvement
RBP+	Réseau Burundais des Personnes vivant avec le VIH
RDTs	Rapid Diagnostic Test
RH	Reproductive Health
ROADS II	Regional Outreach for Addressing AIDS through Development strategies Project II
SARA	Service Availability and Readiness Assessment
SDPs	Service Delivery Points
SBC	Strategic Behavior Change
SBCC	Social and Behavior Change Communication
SCM	Supply Chain Management
SCMS	Supply Chain Management Specialist
SDA	Small Doable Action
SIAPS	System for Improved Access to Pharmaceuticals and Services
SLT	Senior Leadership Team
SOP	Standard Operating Procedure
STA	Senior Technical Advisor
STI	Sexually Transmitted Infection
STTA	Short-Term Technical Assistance
SWAA	Society for Women against AIDS in Africa
TA	Technical Assistance
TBD	To be Determined
TOR	Terms of Reference
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government

URC	University Research Corporation
Y1	Project Year 1

Introduction

The *Integrated Health Project in Burundi* (IHPB) is a five-year project (December 23, 2013 to December 22, 2018) funded by the United States Agency for International Development (USAID). Led by FHI360 as the prime contractor, the IHPB partnership includes two sub-contractors: Pathfinder International and Panagora Group. The IHPB builds on USAID's legacy of support to the health sector in Burundi and FHI 360 and Pathfinder's successes in assisting the Government of Burundi (GOB) to expand and begin to integrate essential service for: HIV/AIDS; maternal, neonatal and child health (MNCH); malaria; family planning (FP) and reproductive health (RH).

The Ministry of Public Health and Fight against AIDS (MPHFA) is a major partner that will be involved at every step, throughout the project planning and implementation. The goal of the IHPB is to assist the GOB, communities, and civil society organizations (CSOs) to improve the health status of assisted populations in 12 health districts located in the provinces of Karusi, Kayanza, Kirundo and Muyinga - with potential for expansion in up to four additional provinces starting in year 2 of the contract (2015). IHPB expected results are:

1) Increased positive behaviors at the individual and household levels;
2) Increased use of quality integrated health and support services; and
3) Strengthened health system and civil society capacity.

During the first year, IHPB implemented activities that include: a) continuing to support essential services supported under previous USAID-funded projects; b) developing and submitting sustainability and innovation plans; c) conducting joint formative assessments and baseline surveys (FABs) with the MPHFA in target districts; d) facilitating a participatory process to define initial integration of services and improvement ideas and begin implementing; e) developing an integrated SBCC strategy; f) establishing a QA/QI system; g) developing and supporting capacity strengthening plans for four CSOs; h) providing funding for Burundi's PBF scheme; and i) beginning to develop public-private partnerships.

Summary of achievements

This IHPB first year Report summarizes program achievements during the period December 23, 2013 to December 22, 2014. Highlights include:

- Completed data collection for the service availability and readiness assessment (SARA) in all 164 targeted health centers and 9 district hospitals– preliminary results were used during the Y2 planning sessions.
- Completed data collection for the community services mapping in all 12 targeted health districts; preliminary report available.
- Completed data collection for the qualitative assessment on behaviors and gender. Data collected are being analyzed.
- Completed data collection for Facility Qualitative Assessment (FQA) and District Capacity Assessment; *data analysis is underway;*
- Conducted a four-day training of trainers for 25 health care providers on community case management of malaria who trained 200 community health workers (over a four day period) from Kirundo (106) and Bugabira (94) communes on community case management of malaria.
- Signed 21 in-kind grants (12 for Health Districts and 9 for Hospitals) totaling approximately $2,584,207 (over five years) and three standard grants for Civil Society Organizations (CSOs) totaling approximately $487,148 (over two years).
- In partnership with district health staff, carried out one support supervisory visit focused on neonatal care in three hospitals.
- In partnership with the National Reproductive Health Program (PNSR), organized an 11-day training (6 days of theoretical followed by a five-day practical) for 15 health care providers (8 females and 7 male) on FP methods through contraceptive technology training approach.

- Organized a training of trainers for 30 health providers from the four IHPB intervention provinces, focused on antenatal care and post natal care.
- Conducted formative supervision visits (11 health centers) focused on post-partum hemorrhage (PPH) prevention, the use of partograph, antenatal and postnatal services, assessing training needs on basic emergency obstetrical care (BEmOC) focused ANC and active monitoring of third stage of labor (AMTSL);
- Organized a three-day workshop on integration of health services that brought together key staff from different programs of the MPHFA, USAID, bilateral and multilateral partners, provincial and district health managers and representatives from non-government organizations;
- Provided technical and logistic support to Muyinga Provincial Committee for Verification and Validation of PBF data (CPVV);
- Supported two refresher trainings to surveyors from local associations in Muyinga Province who conduct PBF community survey;
- Supported two quality restitution workshops attended by facility managers, COSA members, provincial and district core teams and the territorial administration representatives;
- Conducted training for 114 (85 males and 29 females) health providers from Muyinga on the revised PBF Manual (version 2014); and
- Conducted a PBF assessment in four IHPB target provinces to analyze strengths, weaknesses, opportunities, and threats on PBF implementation;
- Conducted baseline capacity assessment of four civil society organizations (CSOs) - Association Nationale de Soutien aux Séropositifs et aux malades du SIDA (ANSS), Association Burundaise pour le Bien Etre Familial (ABUBEF); Burundi Chapter of Society for Women Against AIDS in Africa (SWAA); and, Réseau Burundais des Personnes vivant avec le VIH (RBP^{+});
- Designed the local partner transition program for CSO graduation;
- Developed institutional improvement plans for 4 CSOs (ABUBEF, ANSS, SWAA Burundi and RBP+); and
- Signed one PPP MoU with Leo/ECONET.
- Conducted three action media workshops with pregnant women and expectant fathers, parents with under five children and youth. The development of communication materials is under process.

Formative Analysis and Baseline Assessments

During the first year of implementation, IHPB made progress on Formative Analysis and Baseline Assessments:

1) Services Availability and Readiness Assessment (SARA): completed data collection phase in 173 health facilities (164 HCs and 9 hospitals). Preliminary results were used during year work planning. This is a very rich source of information and we are continuing to refine the analysis.

2) Community Services Mapping: The study has been completed and a preliminary report is available. A total of 160 organizations were identified in the four intervention provinces and most of them are located at the provincial city. Referral between health and non-health services is still week.

3) Qualitative Behavioral survey and Gender Assessment: Following approval by FHI 360 OIRE and PHSC, Burundi Ethics Committee, and Ministry of Finance and Economic Development Planning, field work has been completed and a total of 26 FGD, 17 IDI and 19 KII were carried out. Currently, collected data are being analyzed.

4) Household Survey (HH): Following approval by FHI 360 OIRE and PHSC, the HH survey protocol was translated into French and the consent forms and questionnaires into Kirundi. The whole package was then submitted to the Burundi Ethics Committee for review and approval. On December 8, 2014, IHPB obtained statistical visa and approval from the Burundi Ministry of Finance and Economic Development Planning to collect data for the Household Survey, which will start in March 2015. On December 30, and 31, IHPB respectively received authorization from the Ministry of Public Health and Fight against AIDS (MPHFA) and the Ministry of Home Affairs.

5) Health Services Qualitative Assessment: Field work has been completed in a sample of 45 health facilities (36 HCs and 9 hospitals). Collected data are being analyzed.

6) Health District Bureau Capacity Assessment: It's aimed at assessing district health teams capacity and issues to perform 11 key management functions. Field work has been completed in the 12 health districts; and

each district management team member available during the assessment was interviewed. Completed data entry and started data analysis.

CLIN 1: Increased Positive Behaviors at the Individual, Household and Community Levels

Sub-CLIN 1.1: Improved key behavioral pre-determinants at the individual, household and community levels

Progress overview for Sub-CLIN 1.1

	Planned for Year 1	Achievement and results	Comments
1.1.a: Develop strategic communication framework and implementation plan	1) Hold stakeholder workshop	Planned for January 2015	Qualitative Behavioral and Gender Assessment result (will inform the workshop. data collection was conducted from November 1, 2014 and completed on January 12, 2015, and analysis is undergoing
	2) Draft IHPB SBCC framework	Draft completed and submitted to USAID on Dec, 22nd 2014	
	3) Discuss framework with stakeholders	Planned Quarter 1, Year 2	Feedback from stakeholders will be incorporated into the draft strategy
	4) Hold workshop to revise and validate framework	Planned for Quarter 1, Year 2	MPHFA and other partners will be invited to participate
	5) Finalize and submit strategic communication framework and implementation plan	Planned for first quarter 2015	
1.1.b: Enlist and train Health Promotion Focal Points	1) Design recruitment and management plan	Completed	
	2) Write technical brief	Completed	
	3) Design training	Planned for March 2015	IHPB is in the process of finalizing the development of communication materials through action media workshops
	4) Recruit trainers	Planned for Quarter 2, Year 2	Trainers will be recruited in close collaboration with DPSHA
	5) Conduct trainings	TOT planned for June-July 2015	Upon availability of printed communication materials, IHPB will proceed with roll out phase of training
	6) Conduct phased community roll out	Planned August – September 2015	Once trainings have taken place, community roll out phase will start
	7) Internal reporting system implemented	Planned for September 2015	Reporting system will be discussed with and agreed upon with DPSHA
	8) Supervision and monitoring	Planned for Year 3 after SBCC strategy implementation	

	Planned for Year 1	Achievement and results	Comments
	9) SBCC data collection (community services' data)	Planned for Year 3 after SBCC strategy implementation	
	10) SBCC data analysis of community services' data)	Planned for Year 3 after SBCC strategy implementation	
1.1.c: Use the Small Doable Actions (SDA) approach to engage target audiences by Life Stage in taking concrete steps toward improved health	1) Review national strategies and materials	Completed	
	2) Conduct action media workshops	Three action media workshops completed	2 action media workshops planned for February 2015
	3) Consult with relevant partners and organizations	Continuing	IHPB has already started reviewing communication materials produced by third party organizations to avoid duplication
	4) Hire graphic art firm and printer	Continuing	Graphic art firm (hired in August 2014) participated in action media workshops. Printer to be hired. Planned for Y2 (June 2015)
	5) Harmonize messages	Planned for quarter 1, year 2	Contingent upon completion of action media workshops
	6) Draft Life Stages and SDA materials for pregnant women	Planned for quarter 1, year 2	Draft life stage will need additional evidence from formative assessments
	7) Pre-test materials	Planned for April 2015	
	8) Revise Life Stage (pregnant women) and SDA materials	Planned for May-June 2015	
	9) Finalize Life Stage (pregnant women) and SDA materials	Planned for July-August 2015	
	10) Print Life Stage (pregnant women) and SDA materials	Planned September 2015	
	11) Distribute Life Stages and SDA materials	Planned September 2015	
1.1.d. Develop and air a radio serial drama that reinforces Interpersonal Communication and community mobilization efforts	1) Formative assessment of health behaviors	Ongoing, on track	
	2) Develop creative briefs	Planned for February 2015	IHPB will conduct action media workshops to refine script and story board
	3) Draft story boards	Planned for February 2015	
	4) Consult relevant partners on scope and content	Planned for February 2015	
	5) Conduct stakeholder meeting to present creative briefs	Planned for March 2015	
	6) Draft script and story board	Planned for March 2015	
	7) Record and pre-test results	Planned for March 2015	
	8)Analyze and incorporate pre-test results	Planned for April 2015	

During the year 1 of project implementation, IHPB worked very closely with the MPHFA's Department of Health, Hygiene and Sanitation Promotion.

Conducted action media workshops

During year 1, IHPB conducted 3 Action Media Workshops. The first Action Media Workshop was a training of Trainers (TOT) for capacity building for IHPB staff and the DPSHA staff. The objective of the Training of Trainers (TOT) was to

develop capacity among IHPB and the MOH staff, particularly the Department of Health, Hygiene, and Sanitation Promotion (DPSHA) of the MPHFA in implementing participatory approaches to health communication development through the use of the Action Media methodology. Action Media emphasizes social-change thinking, and combines research on health-related vulnerability with a consultative and participatory approach towards understanding communication in the context of health challenges. With technical guidance from an international consultant on participatory approaches (Warren Parker) for health communication through action media, IHPB organized a four-day TOT on action media in Muyinga Province (August 20-23, 2014) followed by a four-day hands-on workshop in Muyinga Province (August 25-28, 2014) with pregnant women as the target audience. Trainees included five IHPB staff, three staff from the DPSHA and the graphic designer consultant.

During the Action Media Workshop

The hands-on action media workshop included ten pregnant women and five men who were expectant fathers. Small group discussions allowed participants to dialogue in Kirundi. These sessions were recorded and later transcribed for the facilitator. Through discussions, participants illustrated how male involvement plays a key role in improving the health status of the family. The participatory method allowed pregnant women and expectant fathers to develop slogans, posters and logos into poster concepts. Participants were also divided into two groups and tasked with developing a song about a theme of their choice. Themes selected were HIV prevention and caring relationships. The slogans and logo will be developed by the graphic designer recruited for this end. Evaluation of the training illustrated an appreciation of the opportunity to learn about consultative and participatory approaches for originating communication resources.

In addition, IHPB in partnership with the DPSHA, organized two additional action media workshops respectively held with parents who have children under five years of age (15 participants) in Kirundo province (September 17- 20th, 2014) and with youth (15 attendees) in Karusi Province (September 22-25th, 2014).

Development of the SBCC strategy

The SBBC strategy developed underlined a situational analysis in different health domains (HIV/AIDS, Nutrition, FP, MNCH, and Gender) but mostly emphasizes on conducting a comprehensive health communication audit. Audience segmentation and theory of change were clearly defined while still waiting for more findings from the communication and gender assessment to enrich the desired behaviors, barriers (motivation) to change and communication objectives. The strategy also outlined the initial branding and positioning and also the key content that will guide the messages. The strategy also identified communication channel mix that will help to reinforce communication activities using mass media approach, community mobilization and interpersonal communication along with the supportive materials.

Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and households

Progress overview for Sub-CLIN 1.2

Planned for Year 1		Achievement and results	Comments
1.2.a: Build capacity in supply chain management, upgrade equipment and infrastructure, and strengthen the LMIS	1) Meet with national stakeholders	Continuing, on track	
	2) Meet with provincial and district stakeholders	Continuing, on track	
	3) Create flow charts of district supply chains for essential commodities	Planned for February 2015	
	4) Develop and adapt SCM logistics system performance diagnostics tools (FAB)		Developed by MSH. IHPB will participate to the validation workshop

	5) Train BDS and BPS officials in using supply chain diagnostics	Planned for February 2015	
	6) Conduct district health system diagnostics	Data collection Completed	Data analysis is ongoing
	7) Begin identifying needs for supply chain equipment procurement		SARA, Services Quality Assessment and BDS interviews will inform needs
	8) Analyze diagnostics data and include results in district reports	Continuing	District reports that include the results of all FABs will be finalized in Q2 of Y2
1.2.b: Help GOB make reforms to supply chains for increased community distribution of certain commodities	1) Map current community based distribution of commodities and knowledge of same (FAB)	Planned for March 2015	Upon completion of community mapping report
	2) Begin redesign of HBC kits for PLHIV and care givers	Planned for March 2015	
	3) Begin identifying gaps and barriers in commodity access and use	Planned for January/February 2015	Continue discussion with other HIV/AIDS partners
	4) Generate ideas for other potential reforms to CBD of health products	Planned for March 2015	
	5) Systematically analyze/vet ideas	Planned for February 2015	Continue discussions

During year 1 of project implementation, as a member of the national quantification of HIV/AIDS commodities, the IHPB Supply Chain Specialist participated in monthly quantification meetings including the elaboration of the national forecasting and the development of tools to be used for the quantification and procurement of HIV/AIDS commodities for the period 2014 to 2017. IHPB held meetings with SIAPS, SCMS and Deliver projects to discuss and coordinate efforts.

Sub-CLIN 1.3: Strengthened support for positive gender norms and behaviors and increased access to GBV services

Progress overview for Sub-CLIN 1.3

Planned for Year 1		Achievement and results	Comments
1.3.a: Promote gender integration and transformation across project activities	1) Design gender elements of baseline surveys (FABs)	Completed	
	2) Review gender tools and activities in Burundi	Completed	
	3) Review gender documents and strategies	Completed	Data is being analyzed and report is being produced
	4) Develop and finalize gender strategy	Planned for Q1 of Y2	Gender strategy will be informed by the results of the Behavioral and Gender Assessment
	5) Review and provide inputs to the SBCC activities	Continuing	Gender integration activities will be linked to the SBCC activities described under 1.1 when there is a synergy
	6) Develop and begin implementing additional	Planned for Q2 of Y2	

Planned for Year 1		Achievement and results	Comments
	activities to address priority gender gaps		
1.3.b: Expand access to high quality and comprehensive services for GBV survivors	1) Design GBV components of baseline assessments	Completed	
	2) Analyze GBV-relevant FAB data	Data from SARA and Qualitative Behavioral survey and Gender Assessment being analyzed To be completed with HH survey Data collection to be completed in April 2015	
	3) Continue and strengthen GBV services at 24-hour drop-in centers	Continuing	Will conduct quarterly visits
	4) Adapt/develop GBV secondary prevention service training curricula for providers, supervisors and health facility staff		In February 2013, with support from USAID (Respond and International Medical Corps), the National Reproductive Health Program updated the SGBV case management manual for providers. IHPB will use this document in training providers.
	5) Incorporate secondary GBV prevention and case management into service integration		Findings from the SARA will guide IHPB on where to integrate GBV services in identified health facilities
	6) Develop/adapt guidelines and job aids for GBV case management	Planned for March/April 2015	IHPB will develop/adapt guidelines from the SGBV case management manual to disseminate in health facilities
	7) identify pilot sites to establish additional integrated secondary prevention services for GBV survivors	List of potential sites will be available in January 2015	Findings from the SARA will inform identification of pilot sites to establish additional services for GBV survivors.

Coordination and collaboration with other partners working in GBV prevention and response:

- Engender/BRAVI: Engender Health will be commencing its Y1 activities under the RESPOND project follow-on, BRAVI. Given that Engender/BRAVI will be implemented in the same 4 provinces and the same 12 districts as IHPB (and with funding from USAID) it is essential that our respective activities are coordinated to not only avoid duplication but to also enable greater coordination and progress during the next four years of implementation. With that purpose, IHPB met the Engender/BRAVI team to discuss our respective planned activities for the upcoming year of implementation. Clarification was reached on BRAVI's geographic areas of implementation (i.e. the same as IHPB), and the meeting focused primarily on:

coordination of our respective efforts around tool development; support to the multisectoral coordination meetings at provincial and district level; as well as the revitalization of the national GBV technical working group (TWG). An unofficial agreement was reached to engage one another in the review/input process for the respective tools/guidelines/job aids that each project plans to develop as well as continued coordination surrounding support for the multisectoral meetings and GBV TWG. It should be noted that given the scope of BRAVI's activities—focused entirely on GBV prevention and response—that they will take the lead on these multisectoral coordination efforts once they are at full implementation pace (i.e. speed and LOE) with coordination support from IHPB.

- *Coordination with Centre Seruka*: Centre Seruka is currently the only facility/center in Bujumbura offering a relatively comprehensive package of services to survivors of GBV. Furthermore their expertise has been consulted by the MPHFA and Ministry of Gender in the development of materials for prevention and case management in GBV (National Manual for the Clinical Management of GBV cases, Case registration form), and the center is often contracted to conduct the training of providers in the clinical management of cases of GBV. In order to improve the coordination of training and supportive supervision activities planned for Y2 in collaboration with Centre Seruka, IHPB met with the Director of the Center. During this meeting we agreed that Centre Seruka would continue to conduct the training of providers to be supported/facilitated by IHPB during Y2 of implementation, confirmed the number of participants that could be trained in each session, and also discussed the best way to include providers from the other sectors engaged in the multisectoral response to GBV (e.g., police, social workers, lawyers) in order to foster greater team building and coordination. It was brainstormed and discussed that other multisectoral providers would be trained at the same time as health providers; however the details surrounding these trainings will still need to be confirmed.

Supervision activities

During year 1, IHPB conducted supervision in 19 health facilities of Muyinga health district. GBV related findings were following: (a) Each health facility (18 health centers and 1 hospital) in the district has at least one provider trained on GBV; (b) Lack of ART for PEP in health facilities which are not ART sites; even for ART sites, there remain an issue for health providers to offer ART for PEP, survivors are referred to Muyinga hospital; and (c) delay in seeking services.

CLIN 2: Increased Use of Quality Integrated Health and Support Services

Sub-CLIN 2.1: Increased access to health and support services within communities

Progress overview for Sub-CLIN 2.1

	Planned for Year 1	Achievement and results	Comments
2.1.a: Expand and strengthen CHWs	1) Define essential CHW skills	Completed	Essential CHW skills related to CHW skills are in the *Manuel des Procédures de Santé Communautaire* developed by the DPSHA
	2) Assess current tools and training	Completed through the SARA and FQA surveys	SARA and FQA data are being analyzed
	3) Begin review and further clarify roles and responsibilities	Completed	Roles and responsibilities are defined by the DPSHA
	4) Map distribution and coverage of CHWs		Will be informed by SARA findings - being analyzed
	5) Assess CHW knowledge and practice		Will be informed by SARA and Quality of Services Assessment
	6) Investigate how data on CHW performance are collected, tracked and addressed		Will be informed by the results of the quality of services assessment being analyzed
	7) Identify successful models for expanding and strengthening CHWs		Will be informed by SARA and quality of services assessment
	8) Share findings (Tasks 4-7) with health facilities and COSAs	Planned for 1st quarter of year 2	
	9) Begin developing CHW capacity strengthening plans	Planned for 1st quarter of year 2	
	10) For integration and improvement activities, develop training and resources	Planned for 1st quarter of year 2	
2.1.b: Expand and strengthen COSAs	1) Engage with stakeholders supporting COSAs	Continuing	
	2) Assess COSA status		Will be informed by SARA and service quality assessment
	3) Factors impacting COSA functionality		Will be informed by SARA and service quality assessment
	4) COSA capacity strengthening		Will be informed by SARA and service quality assessment

Sub-CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services

Progress overview for Sub-CLIN 2.2

Planned for Year 1		Achievement and results	Comments
2.2.a: Provide support to help maintain critical public sector services supported under ROADS II, BMCHP, and FFP projects	1) BDS engagement	Continuing, on track	
	2) Inventory needs	Completed	
	3) Draft In-kind grants for supported BDS	Completed	
	4) Review, refine and sign grants with each BDS	Completed	
	5) Implement grants	Continuing, on track	
2.2.b: Define and test initial package of promising interventions for service integration and improvement	1) Develop conceptual framework for "smart integration"	Completed	
	2) Review existing standards	Completed	
	3) Engage stakeholders and specialists	Completed	
	4) Develop agenda and materials for integration and improvement prioritization meeting	Completed	
	5) Convene integration and prioritization meeting	Completed	
	6) Literature review and information gathering	Completed	
	7) Prepare for implementation and testing	Continuing	
2.2.c: Use QI to test and roll-out select integrations and improvements	1) Engage with URC/ASSIST project	Continuing	ASSIST project staff participated in integration workshop
	2) Study and explore application of collaborative model	IHPB will support large scale integration efforts through the collaborative model for improvements	
	3) Identify improvement and integration structure	Completed	Improvement charters were signed with four provinces
	4) Train potential coaches and local teams in collaborative model and tools	Training of coaches is planned for Jan/Feb 2015	
	5) Draft and test indicators, checklists and any additional tools needed to support QI efforts	Indicators for each of the four provinces have been drafted in the charters	Testing will start in February/March 2015

Planned for Year 1		Achievement and results	Comments
	6) Conduct supportive supervision visits to coach facilities	Coaching visits will start in March 2015 and continuous thereafter	
	7) Support teams to conduct PDSA	Will start in April 2015 with continuous support thereafter	
	8) Support teams to develop and present progress and during learning sessions	First learning session will commence in May 2015	
	9) Document work through quarterly technical briefs and case studies	Continuous starting in April 2015	
	10) Conduct first 2-day quarterly learning sessions to discuss and exchange best practices	Planned for May/June 2015	
	11) Continuously refine tested service improvement and integration	Will happen in Y2	

During year 1, IHPB contributed to improving the quality of services through the following activities:

- Supported Buhiga and Nyabikere health districts to strengthen the capacity of health providers on contraceptive technologies. Training took place in two stages: six days of theoretical training followed by a five-day practical training; 15 health care providers (8 females and 7 males) were trained. The theoretical training was held in Ruyigi, and practical training in the CDS Kinyinya (BDS Ruyigi), CDS Muriza (BDS Butezi), CDS Mubira (BDS Ruyigi), CDS Nyaruhinda (BDS Buhiga), and CDS Rusamaza (BDS Nyabikere). The trainers were PNSR staff trained as trainers on contraceptive technologies.

Practical Training Session

- Conducted formative supervision focused on post-partum hemorrhage (PPH) prevention and neonatology. A total of five district hospitals (neonatology and maternity services) were visited and reports on PPH related activities from twenty health centers (Kayanza and Muyinga health districts) were collected.
- Supported National Maternal and Child Week held in December (trained 582 site officers; supervisors transport, perdiems of immunizers and commodity distributors and local administration leaders,etc). Achievements during that week are summed up in the table below:

Province	VAR	Vit A	Albendazole
Karusi	986	71,384	231,882
Kayanza	431	87,175	292,481
Kirundo	1,535	99,159	324,434
Muyinga	528	35,596	121,480
Total	**3,480**	**293,314**	**970,277**

- Conducted Training of 30 trainers on focused ANC/PNC; the ToT for 30 providers (22 males and 8 female) from the 4 provinces of intervention of the project was organized jointly with PNSR. Each health district was represented by 2 participants and each province office sent one participant. Trainers were selected from people trained previously by PNSR. At the end of the training, a plan for training providers was drafted for each province.

ToT working group session

- Organized a workshop to plan and sensitize political leaders, health providers, and community leaders on planned community case management (CCM) of malaria activity in Kirundo health district. Representatives of the Kirundo Governor, communal administrators, chiefs of zones, the Kirundo health provincial director and Kirundo health district director, nurses in charge of health facilities, health promotion technicians and religious leaders attended the workshop. The Gahombo Health District Director was also invited to give testimonies and share success stories and challenges of CCM of malaria implemented by community health workers in Kayanza province. The National Malaria Control Program was represented by the chief of the case management unit and two other technicians. A total of 67 participants attended the workshop.
- Organized a one-day workshop on sensitizing community members on CCM of malaria in the Kirundo community. In one day, simultaneous sensitization sessions were held in Bugabira and Kirundo communes of Kirundo health district. Two teams composed of two IHPB staff and Kirundo health district staff (director, health promotion technician and focal point for malaria) coordinated to organize the sensitization workshops. In Bugabira, 115 CHW (54 women) and 13 chiefs of collines and in Kirundo commune, 135 CHW (68 women) and 27 chiefs of collines participated.
- Conducted a training of trainers for 25 health care providers on community case management of malaria. The training was led by a team of three persons from the National Integrated Program for Malaria Control. Following the TOT, from August 26 -29, 2014, trained 200 community health workers from Kirundo (106) and Bugabira (94) communes on community case management of malaria. Training was conducted by Kirundo provincial and district health staff trained as trainers during the August 18-21 session.
- Conducted a five-day on the job follow-up training (internships) of 200 community health workers (CHWs) from Kirundo district trained to implement community case management of malaria. Internships were held at 13 health centers, with a group of ten CHWs assigned to a health center.
- Participated in series of meetings (September 16th, 18th and 24th) whose objectives were to initiate implementation of the national malaria in pregnancy (IPTp) guidelines validated in April 2014; identify a consultant to develop the IPTp implementation plan (including training of trainers); and assess the status of the procurement of sulphadoxine-pyrimethamine (SP).
- Participated in joint (District and IHPB) supervisions of CCM activities. The supervision gave the project opportunity to conduct on-site training for active CHWs, assess the quality of drug conservation and collect beneficiary views on the approach. Beneficiaries are very positive on their CHWs as it allowed service accessibility. They request extension of CCM package to diarrhea and pneumonia.

Health Services Integrations

Conceptual framework for “smart” integration

IHPB technical leads, with support from the FHI 360 and Pathfinder International home offices, developed an integration strategy document that presented: (a) relevant literature on health services integration; (b) analysis of integration of health services within the context of Burundi; (c) conceptual framework and operational definition of integrated health services; and (d) implementation and monitoring and evaluation of the strategy.

Integration and prioritization workshop

The conceptual framework and integration strategy served as the basis for the prioritization workshop which was chaired by the Advisor to the Permanent Secretary of the MPHFA. The workshop brought together key staff from different programs of the MPHFA, USAID, bilateral and multilateral partners, provincial and district health managers and representatives from non-government organizations. During the workshop, the following presentations were made:

- IHPB mandatory results specifically linked to the integration component;
- Review of the international literature in order to better define the concept of integrated services and integrated health systems and its multiple dimensions;
- Pathfinder's experiences in Uganda, Tanzania and Ethiopia, with a focus on integrating family planning services to address unmet needs and increase the coverage of the population with modern family planning methods and maternal health services;
- Types of support available from IHPB to the provincial and district health system to integrate health services and improve their quality (in-kind, financial and technical assistance);
- Description of the use of QI models to address process issues at service delivery level and the health systems strengthening activities at the district level.

The workshop participants conducted the following activities:

- Six working groups were established the first day to review and complete a list of services that should be provided during a specific encounter between the health system and a client at the three delivery levels (hospital, health center and community), using a table drafted by IHPB. The working groups covered maternal, neonatal and child health services provided during antenatal care clinics, delivery and post-natal care visits; specialized care and treatment; services provided to people living with HIV; preventive and curative services for malaria targeting at-risk groups; growth monitoring of children; family planning services; and the curative clinics. The result was a comprehensive list of integration opportunities that covers all services described in the IHPB contract as the "integrated package of services".

Collaborative QI/QA model

Use of quality improvement to test and roll out selected integration and improvements:

During the quarter July – September 2014, IHPB worked closely with USAID and non-USAID partners including URC. URC through ASSYST Project, is currently working in 59 sites (2 hospitals and 57 health centers) focusing on PMTCT services across the four IHPB provinces.

Following the three-day (August 12-14, 2014) workshop on integration of health services, IHPB, in collaboration with the MPHFA, four IHPB target provincial health bureaus and 12 health districts, completed quality improvement charters (a short document that serves as a roadmap for implementing systems' interventions/changes and follows the steps of a quality improvement model with the following elements – aim, justification, objectives, structure and risk factors) based on the integration opportunities identified by each province. In partnership with individual provinces, IHPB organized (from August 25 to September 4, 2014) provincial workshops to refine the improvement charters (agreed upon during the three–day workshop) and provincial leaders signed the charters. Preparations for implementation of integration efforts will commence in the quarter January – March 2015.

With support from the MPHFA, four provincial health bureaus (on behalf of 12 health districts) signed quality improvement charters focused respectively on these topics:.

- Kayanza: Integration of family planning in maternal health and HIV services;
- Kirundo: Integration of antenatal care, gender based violence (GBV), screening for malnutrition and HIV testing and counseling in curative care;
- Muyinga: Integration of PMTCT and malaria management in Maternal, Newborn, Child Health;
- Karusi: Integration of family planning and HIV in maternal and newborn and child health services;

Facility Qualitative Assessment (FQA) has been conducted in the four health provinces.

In year two, IHPB will use data from FQA to better refine QI charters. IHPB will use QI model based on PDSA approach to implement quality improvement charters and support integration of services and generate lessons learned on effective changes necessary for successful integration.

Sub-CLIN 2.3: Increased capacity of providers and managers to provide quality integrated health services

Progress overview for Sub-CLIN 2.3

Planned Year 1		Achievement and results	Comments
2.3.a: Strengthen human resource system for professional health staff, including managers, administrators and service providers	1) Review existing district HRH systems, procedures, and tools	Completed	
	2) Design HRH system elements of baseline assessment	Completed	
	3) Implement HRH system elements of baseline assessment	Data collected, analysis ongoing	
	4) Develop BDS capacity to assess HRH system strengthening needs through demonstration, mentorship and coaching	Planned for April 2015	
	5) Draft HRH system strengthening plans as part of broader HSS plans	Development of in-service education training needs database and the supervision system planned starting January 2015.	
	6) Review HRH strengthening plans with BDS, provincial leadership and MPHFA	Planned for January/February 2015	
	7) Refine and disseminate HRH system strengthening plans	Planned for February 2015	
	8)Begin implementing HRH system strengthening plans	Planned for April 2015	

CLIN 3: Strengthened Health Systems and Capacity

Sub-CLIN 3.1: Strengthened decentralized health care and systems in targeted geographic areas

Progress overview for Sub-CLIN 3.1

	Planned for Year 1	Achievement and results	Comments
3.1.a: Work collaboratively with Provincial and District Health Bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system	1) Review existing assessments and tools	Started and on track	
	2) Engage partners	Continuing, on track	
	3) Create summaries of district health systems structures and processes	Continuing, on track	in-service education training needs database) and the supervision system
	4) Engage BPS and BDS	Continuing, on track	
	5) Conduct district health system diagnostics (BDS survey)	Data collected. Analysis ongoing	
3.1.b: Provide 12 districts with funding for seven HIV/AIDS indicators in Burundi PBF scheme	1) Sign agreements with BDS for PBF	Completed	12 agreements signed with the 12 BDS
	2) Monitor and verify facility performance	Continuing, on track	
	3) Make monthly payments	Continuing on track	Monthly payments started with June 2014 invoices
3.1.c: Provide TA to help strengthen the Burundi PBF scheme	1) Attend PBF TWG meetings	Continuing and on track	
	2) Provide TA to the MPHFA to review the costing tool	Continuing and on track	
	3) Provide TA to MPHFA to update the Burundian costing structure	Planned for quarter 1 of year 2	
	4) Assess BPS and BDS PBF capacity	Completed	
	5) Assess CPVV	Completed	
	6) Update training materials to address identified needs	Continuing and on track	
	7) Training BPS and BDS core teams on PBF and decentralization	Continuing and on track	Training of 114 health facility providers was held in Muyinga on the revised PBF Manual
	8) Use existing training tools to train CPVV in four provinces on PBF approach	Continuing and on track	
	9) Conduct documentation on existing community PBF schemes	Planned in February 2015	
3.1.d: Provide TA to develop and update protocols, policies and guidelines for integrated services	1) Identify needs for new or updated service policies/protocols/guidelines	Continuing on track	Integration workshop held in August 2014

Performance Based Financing (PBF) activities

Make PBF monthly payments to facilities

Between May and June, IHPB drafted 12 Standard grants with PBF for all the 12 health districts. The PBF grants performance period was June 2 through December 31, 2014. After the sub-grants were signed, the MPHFA issued invoices for 7 HIV indicators. Over the last six months and following invoices transmitted by the MPHFA, IHPB has made regular payments for HIV indicators.

Support monitoring and verification of facility performance

Following a request from the MPHFA, IHPB provided support to the CPVV of Muyinga in the process of monthly data verification and validation. This support is in the form of vehicles hired by the project to transport verifiers on the field at facility level during the verification process. The PBF technical field officer regularly attended the validation workshops since July 2014. The participatory process allowed IHPB to be remain on track and quickly react to prospective issues.

TA to the MPHFA to review the costing tool

During the month of September, 2014, IHPB conducted preliminary contacts for the review of the costing tool. The MPHFA insisted that, for the purpose of sustainability, this study should be an opportunity to involve MPHFA in the whole process and build their capacity to conduct it by themselves in the future. IHPB has already recruited a local consultant who will be responsible for coordinating the study.

Assess CPVV, BPS and BDS PBF capacity

IHPB conducted PBF assessments in the four intervention provinces to analyze strengths, weaknesses, opportunities, and threats on PBF implementation faced by peripheral PBF implementers (CPVV, BPS, BDS and health facilities). The assessment was directed toward the BPS, BDSs and facilities. The findings are summed up in the following table.

Strengths	**Weaknesses**
✓ Supervisions are conducted in accordance to MPHFA norms ✓ All entities have approved work plans ✓ Results of quality assessments are analyzed at BPS level ✓ Training needs are included in most district work plans	➢ The map of community health actors is not available; their data are not collected and shared ➢ Most BDSs do not have the information on the facilities which received bonus and/or malus ➢ Results of quality assessment are not shared until the restitution workshop ➢ Few capacity building requirements exist in the field of health good governance and management
Opportunities	Threats
✓ Lists of CHWs are available at health facilities; they are already gathered in community based associations ✓ A community PBF-like scheme is being piloted by APRODEM in Kirundo ✓ Data from CHWs are available at facility level	➢ Incentives sharing even when the facility received a malus during the quality assessment by the BPS ➢ After the validation meeting, data quality reports are not shared to serve as a basis during the supervisions ➢ The PBF budget for the province is not known by the BPS

IHPB is working in close collaboration with the MPHFA central level authorities to address weaknesses and threats through capacity building, health system strengthening and quality improvement of healthcare delivery.

Training on the revised PBF manual of procedures

From August 18-21, 2014, IHPB supported a training for 114 (85 males and 29 females) health providers on the revised PBF Manual (version 2014). This training was conducted by two experts from the national PBF cell (CTN) and gave facility managers the opportunity to lay out their misunderstandings and all shortcomings resulting from the application of the new grids. The CTN responded to their concerns and where relevant, promised that necessary changes would be made to the grids. After the training, the PBF Technical Field Officer conducted post-training visits in six facilities in Muyinga Province.

Support to the community survey

IHPB carried out a refresher training of local association surveyors. Following the refresher training, Muyinga CPVV launched the community survey. The CPVV also benefitted from IHPB technical and logistic support to supervise the community survey. Following the survey conducted in July, out of 39 facilities concerned by the survey in Muyinga province, 26 had a user satisfaction rate of 75% and above. As for January survey, results are being processed.

Quality assessment feedback workshop (restitution)

IHPB organized the quality assessment feedback workshops in Muyinga Province. The workshops are attended by facility managers, COSA members, cadres from the territorial administration, the CPVV members and district and provincial health supervisors. It was an opportunity for them to discuss problems encountered in the process of quality improvement and possible solutions.

Sub-CLIN 3.2: Strengthened M&E and data management systems at facility and community levels

In order to strengthen the M&E and data management systems at facility and community levels, it has been planned to first of all conduct a Health District Systems Diagnostic including M&E component. The findings of the assessment will guide the identification of district specific priorities.

Meanwhile, as there is already an M&E System in place, IHPB has been tracking information via the existing HIS flow pathways. In addition, IHPB stated to implement use of HIV services related tools already validated by the National Program for AIDS and STIs Control.

The table below presents the Y1 M&E strengthening planned activities, the achievement status as of end of Q2 and expected completion dates for non-achieved activities.

Progress overview for Sub-CLIN 3.2

	Planned for Year 1	Achievement and results	Comments
3.2.a. Conduct District M&E System Diagnostic in 12 districts	1) Review existing M&E documents, reports, and assessments	Completed	Included in the District Capacity Assessment
	2) Develop and adapt district M&E diagnostic tool	Completed	
	3) Map national information systems and flows	Completed	
	4) Train BPS and BDS staff on conducting M&E system diagnostics	Planned for April 2015	
	5) Implement District M&E systems including validation of data flow pathways in 12 districts	Data collected. Analysis ongoing	
	6) Analyze data by district	Data collected. Analysis ongoing	
	7) Validate findings with BDS and identify priorities for district systems strengthening	Data collected. Analysis ongoing	Planned after analysis finalization
	8) Include findings in district-based IHPB reports	Planned for February-March 2015	
	9) Develop performance improvement plans for district M&E systems strengthening	Planned for July-Aug 2015	Will be included in the district in-kind grants

Sub-CLIN 3.3: Increased civil society capacity to support positive behaviors and quality integrated services

Progress overview for Sub-CLIN 3.3

	Planned	Achievement and results	Comments
3.3.a: Execute sub-awards for 4-5 CSO partners instrumental in delivering community-based services under previous USAID-funded programs	1)Develop new sub-grants descriptions and budgets with local CSO partners	Completed	
	2)Conduct pre-award assessments	Completed	
	3) Develop local CSO sub-agreements	Completed	
	4) Sub-agreement signing	Signed with ANSS, SWAA Burundi and RBP+.	Awaiting FHI 360 CMS approval for 1 CSO (ABUBEF).
3.3.b: Strengthen the technical and organizational capacity of the 4-5 CSO partners, working towards local partner transitions	1) Design the Local Partner Transition (LPT) program	Completed	
	2) Customize organizational and technical capacity assessment	Completed	
	3) Initiate and plan capacity self-assessment	Completed	
	4) Conduct baseline capacity assessments	Completed	
	5) Prioritize areas for investment	Completed	
	6) Implement institutional improvement plans	Continuing; on-track	

Conduct baseline assessment of CSOs

During this first year of project implementation, IHPB conducted baseline assessments of technical and institutional capacities of four Civil Society Organizations (CSOs). The CSOs involved are *Association Burundaise pour le Bien Etre Familial* (ABUBEF), *Association Nationale de Soutien aux Séropositifs et aux Sidéens* (ANSS), *Réseau Burundais des Personnes vivant avec le VIH* (RBP+) and Society for Women Against AIDS in Africa (SWAA Burundi).

The Institutional Development Framework (IDF) tool used allowed the self-assessment of the CSOs and thereby enabled them to score their capacities after having reached consensus. The IDF tool has been proven efficient and effective in many countries and can be applied to any organization, regardless of its size, its area of intervention or its duration.

For the sake of enabling the facilitators to more fully lead the CSOs throughout the assessment process, the project staff conducted first a two-day interview meeting at each CSO with members of their National Board, Director and heads of departments, management, and administrative staff. This allowed the facilitators to collect relevant information, build their understanding of critical priorities, and hear from a broad range of actors. A three-day self-assessment workshop was then held with each CSO. These capacity assessments focused on organizational domains (vision and mission, human resources, management resources, financial resources and external resources) as well as technical domains (HIV care and treatment, prevention of mother to child transmission of HIV, malaria, most at-risk populations, family planning, maternal newborn and child health, and advocacy and community mobilization).

Prioritize areas for investment

The main result of the four CSO workshops is four Improvement Plans. Improvement Plans were drafted during the assessment workshops, validated internally, and later submitted to IHPB. The Improvements Plans address critical

CSO performance gaps identified during the assessment workshops and the interviews with the National Committees and staff.

Implement Institutional Improvement plans

In those Improvement Plans, improvement objectives are outlined for areas of critical weakness as well as the activities needed to bring about change, necessary resources (human, financial, material, etc.), responsible persons and the timeline. The IHPB staff have received all improvement plans and are now working with the CSOs to finalize each plan based on technical feedback and available project resources. The IHPB team is also working with each CSO to ensure that critical audit findings outside the scope of the baseline assessments are properly incorporated in the plans. Once finalized, IHPB management will approve each plan and implementation will fully begin. Besides, IHPB designed the Local Partner Transition Program for CSOs graduation to measure progress in the implementation of Institutional Improvement Plans in order to prepare them to receive direct funding from USAID.

Project Management

Held Successful Public Launch of IHPB with Collaboration of many partners

On February 21, 2014, the IHPB held a successful public launch of the IHPB at Kw'Iteka Residence Hotel in Karusi Province. Presiding over the ceremony were the Minister of Public Health and the Fight against AIDS, Honorable Dr. Sabine Ntakarutimana, the United States Ambassador to Burundi, Ms. Dawn Liberi. The event was attended by about 200 people and was enhanced by the presence of the Acting USAID Country Representative in Burundi, the PEPFAR Team Leader, Governors of Karusi and Kirundo Provinces, USAID implementing partners, various provincial health authorities and projects, and MOH staff. The Minister of Health remarked "*Challenging times call for challenging measures. The contributions of IHPB as regards to HIV, family planning, malaria and reproductive health as well as mother and newborn health is one of the responses to this challenge''*

Validated, and Submitted Year 1 Work Plan

On March 21, 2014, a validation workshop was organized in Bujumbura. The workshop was attended by 93 representatives from the Ministry of Public Health and the Fight against AIDS (central and provincial level), USG funded partners (Management Sciences for Health, Abt Associates, University Research Corporation, Population Service International, Engender Health), CSOs (Association Burundaise pour le Bien Etre Familial, Réseau Burundais des Personnes vivant avac le VIH, Association Nationale de soutien aux Séropositifs et Malades du SIDA, Alliance Burundaise Contre le SIDA, Society for Women Against AIDS and other organizations involved in health programs in Burundi. After incorporating recommendations made at the validation workshop, FHI 360 submitted the first year (December 23, 2013 to December 22, 2014) work plan for approval to the Contracting Officer's Representative (COR). The work plan presented planned activities, life-of-project (LOP) mandatory results and Year One (Y1) outputs by CLIN and Sub-CLIN, as well as planned formative analysis and baseline assessments (FABs). A logical framework

summarizing Y1 activities, outputs and indicators and an overview of select LOP activities also appear in the work plan.

Submitted a Branding Implementation and Marking Plan, Approved by USAID on June 10, 2014
By following USAID's Revised and Expanded ADS Chapter 320.3.2 on Branding and Marking for contracts, as well as guidelines provided in the USAID Graphics Standards Manual, FHI 360 developed and submitted a BIMP to USAID.

Submitted Environmental Mitigation and Monitoring Plan, Approved by USAID on March 21, 2104
IHPB will carry out an initial assessment to document existing conditions and activities that may impact the environment and require mitigation using Appendix B of the IEE, USAID/Burundi's Environmental Review Report for IHPB activities. Following the assessment, an Environmental Review Report will be produced when necessary that will detail the risk mitigation.

Developed and Submitted Sustainability Plan, Approved by USAID on July 10, 2014
On June 21, 2014, IHPB submitted its Sustainability Plan for review and approval by USAID. In the plan, IHPB presents its definition and framework for sustainability and outlines how IHPB will implement and monitor activities that will contribute to sustaining impact and capacity strengthening achieved in Burundi over the course of the IHPB. On June 4th, 2014, IHPB, in collaboration with the Ministry of Public Health and Fight against AIDS (MPHFA), organized a one-day workshop that brought together key partners (MPHFA, University Research Corporation, Society for Women Against AIDS, *Association Burundaise pour le Bien-Etre Familial*, and *Reseau Burundais des Personnes vivants avec le VIH*) including two USAID/Burundi health team members to discuss strategies and have a common understanding on sustainability of project results. The workshop was officially launched by the Director of Health Programs, MPHFA.

Developed and Submitted Innovation Plan, Approved by USAID on July 25, 2014
On June 21, 2014, IHPB submitted an Innovation Plan for review and approval by USAID. In the Innovation plan, IHPB presents its definition and approach to innovation, outlines how IHPB, along with key stakeholders, will develop quick, high impact innovation studies, and provides concept notes for three suggested innovation studies that will start in Year 2: : 1) Emergency Triage Assessment and Treatment strategy to decrease the child mortality rate in hospitals; 2) Integrated Community Case Management (iCCM) to decrease child mortality/increase early childhood disease management; and 3) Integration of Prevention of Mother-to-Child Transmission (PMTCT) and Early Infant Diagnosis (EID) of HIV into Routine Newborn and Child Health Care.

Signed Sub-Award Contracts with Consortium Partners
Following approval from USAID's Contracting Officer (CO) to sub-contract, FHI 360, signed a Cost Reimbursement Contract with Pathfinder International and Panagora Group.

Recruitment and Orientation of Project Staff
IHPB consortium members identified qualified, competent and experienced staff, recruited and oriented them on project objectives and strategies. By December 31, 2014, IHPB had a total of 67 staff distributed – 43 in Bujumbura, 14 in Muyinga and 10 in Kirundo.

Revised Year 1 Work Plan and LOP PMEP Submitted and Approved in May 2, 2014
The revised year 1 work plan and life of project (LOP) performance monitoring and evaluation plan (PMEP) was approved by the COR on May 5, 2014. The work plan presented planned activities, life-of-project (LOP) mandatory results and Year One (Y1) outputs by CLIN and Sub-CLIN, as well as planned formative analysis and baseline assessments (FABs). A logical framework summarizing Y1 activities, outputs and indicators and an overview of select LOP activities also appear in the work plan. The PMEP described the project's comprehensive approach to monitoring and evaluation (M&E). The PMEP provides to USAID/Burundi, the government of Burundi, other project partners, and the larger community with a record of evidence-based progress, results, and lessons learned for informed decision-making and project improvement. Through performance M&E, the project measured, analyzed, interpreted and reported on activities and outputs to ensure effective implementation, performance monitoring and achievement of results.

IHPB Management Protocols and Field Offices

The IHPB Office in Bujumbura is now fully functional – it has internet service, telephone services, cleaning and custodial support and other necessary services and utilities to maintain the office. Likewise, Kirundo and Muyinga field offices are now furnished. IHPB has established management systems and are already in place to ensure continued efficient, cost-effective management of resources and further support implementation of activities. All the Project offices (field offices and Bujumbura office) are now operating with sufficient staff.

Submitted Grants under Contract Manual, Approved by USAID on April 1, 2014

Since IHPB is a contract, it was not possible to issue grants without a tool that serves as a reference. IHPB developed the *Supplement to FHI 360's Grants Manual* and submitted it to USAID and got approval.

Grants Management

In Y1, using Standard grant (STG) format, 12 grants were developed with Health District Bureaus (BDS) to support performance-based financing (PBF) (Sub-CLIN 3.1) and In-Kind Grant format to support continuation of essential services (Sub-CLIN 2.2) at all the 12 health districts and 9 hospitals of IHPB intervention zone. Furthermore, sub-agreements were signed to support three CSOs (Sub-CLIN 3.3). Capacity strengthening action plans will be developed for each FOG, In-Kind Grant and sub-award recipient based on the results of capacity and needs assessments.

Handover of Community Case Management of Malaria (CCMM) activities between SIAPS and IHPB

On December 8th and 10th, 2014, the handover of activities between Management Sciences for Health (MSH)/ Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Project and Integrated Health Project in Burundi (IHPB) took place in Gashoho and Gahombo health districts. Effective from December 2014, in the health districts of Gashoho and Gahombo; Community Case Management of Malaria (CCMM) activities will be implemented by IHPB. Attending the handing over event were the Malaria Program Development Specialist/USAID , Dr Liévin Nsabiyumva, the Director of the National Program of Malaria Control, Dr Herménegilde Nzimenya, the Chief of Party/IHPB, Dr Martin Ngabonziza, the Senior Technical Advisor/MSH-SIAPS, Dr Pascaline Harerimana, Gashoho and Gahombo health districts representatives and Community Health Workers (CHWs).

Submission of the draft of SBCC strategy

After the initial fielding of qualitative data collection, the SBCC Team drafted the SBCC strategic framework and submitted it on 22nd December 2014. The final strategy will be submitted during quarter 1, 2015 after the incorporation of the findings and final report of the Gender and communication formative assessment.

Procurement of Vehicles (Approved by USAID on June 27, 2014) and Medical Equipment and Supplies

IHPB did an assessment of equipment needs in supported facilities, jointly with the MPHFA division for equipment that validate the list. IHPB finalized a procurement plan and initial steps were taken to procure needed supplies and equipment meant for rapid start-up and implementation. Office equipment (computers and accessories) were provided to the staff as soon as recruited.

Following approval by USAID on June 27, 2014, IHPB procured 10 vehicles with Toyota Burundi which were delivered to IHPB office on September 26, 2014.

In addition, IHPB finalized the tender document for procuring medical equipment and materials and published in the tender in Renouveau newspaper and Intercontact Services website. A six-member IHPB committee was constituted to open and analyze the 25 tender documents received. Two suppliers were selected and the equipment is expected to be delivered starting March 2015.

IHPB Staff Capacity Building

During the course of the reporting period, IHPB contributed to staff capacity building by sponsoring staff to attend workshops: 1) Senior Technical Advisor for M&E, attended the Training of Trainers on DATIM (Data for Accountability, Transparency and Impact), organized by PEPFAR in Johannesburg, South Africa, Dec 1-5, 2014; (2) Associate Director for Finance and Administration participated (May 18-21, 2014) in a PEPFAR Expenditure Analysis Workshop held in Nairobi and a ten day (September 7-17, 2014) workshop in Pretoria, South Africa, to learn about PEPFAR expenditure analysis; (3) Contracts and Grants Officer attended a four-day training (April 7-10, 2014) on

grants management and administration held in South Africa; and (4) Chief of Party attended (March 9-13, 2014) Global Leadership meeting organized by FHI360 in Washington, DC.

Signed Public Private Partnership (PPP) Memorandum of Understanding (MOU) with Leo Burundi

During the first year, PPP initiatives focused on conducting a rapid assessment of the Burundi private sector and map key private players as well as their areas of interest. On December 16, 2014, IHPB and U-COM (LEO) Burundi (mobile company) signed an MOU that will use their strengths, experiences, technologies, methodologies, and resources in order to achieve the following health objectives: (1) Innovate by involving private partners' resources in the IHPB project program; (2) Use GSM based technology to disseminate targeted timely SBCC messages towards women and children under 5; and (3) Leverage the youth educated population to play an advocacy role in the promotion of proper ITNs use for women and children under 5.

The main objective of the partnership is to prevent malaria through the promotion and proper use of LLINs by women and children under 5 years old. To achieve this goal, the strategy set forth is to use non-boarding secondary schools students hereby called "Malaria Champions" as agents of change in their respective communities. LEO Burundi will provide avail mobile phones which will be used by Malaria Champions to receive malaria preventive messages before disseminating them with the communities. Champions will be trained in malaria prevention, basic interpersonal communication, message retransmission and the use of mobile phone's SMS options. The role of the Malaria Champions is to disseminate malaria preventive messages to target groups. The proximity and close family relationships between Malaria Champions and other community members will allow easy flow of messages and positive behavior impact in the society.

Bugabira and Kurundo Communes of Kirundo Province are selected for a pilot phase due to their high malaria incidence. Two non-boarding Secondary Schools in Bugabira Commune (Nyamabuye and Kiyonza) and one non-boarding Secondary School in Kirundo Commune (Cumva) are selected to provide Malaria Champions.

Pipeline Analysis Broken Down by Funding Stream

Table below presents pipeline analysis.

Funding stream	***Amount***	***Total Expended to Date***	***Obligated Funds Remaining***
Family Planning/ Reproductive Health (FP/RH)	3,127,746	869,330	2,258,416
HIV/AIDS	2,149,687	1,958,813	190,874
Malaria	650,000	551,410	98,590
Maternal and child health (MCH)	1,701,021	689,173	1,011,848
Total	**7,628,454**	**4,068,726**	**3,559,728**

Problems Encountered/Solved or Outstanding:

1. The Project experienced delays in the implementation of the six FABs due mainly to the high level of efforts to implement all surveys and the delays in receiving the OIRE, PHSC from FHI 360 approval and local approvals from Burundi Ethics Committee and the Ministry of Finance and Economic Development Planning to conduct them. As a result, the household survey has not started yet, data analysis for the SBC qualitative study, FQA, BDS Capacity Diagnostic, SARA is still ongoing. Another factor that influenced the implementation of activities is the time it took for staffing the Project, producing the deliverables and establishing two provincial offices.
2. During Y1, IHPB did not roll out training on and the implementation of the new IPTp policy including distribution of 150 copies of the IPTp guidelines. Training on IPTp will be rolled out once adequate quantities of SP are available in the facilities while distribution of copies of the IPTp guideline will start once the MPHFA signs the preface page of the IPTp guideline. IHPB, in partnership with MSH and UNICEF, drafted a preface that is awaiting for signature by the MPHFA. It is important to note the contributions of World Relief – Kibuye - while training of CHWs on community case management of malaria was underway in Kirundo, Burundi was experiencing a nationwide stock out of RDTs. For the smooth roll out of the CHW training, Kirundo Health District obtained 1,600 RDTs from Word relief.
3. Also, training of providers on basic emergency obstetric and neonatal care could not take place due to the unavailability of the pool of MPHFA trainers (only seven in Burundi) that resulted in postponing of training sessions. In addition, the only two designated training sites (Rema Hospital in Ruyigi and INSP in Bujumbura) were busy.
4. IHPB intended to issue a sub-grant to ABUBEF, one of the leading local Organization in Family Planning and HIV in Burundi health sector. IHPB did not make it because ABUBEF was first required to develop the action plan describing how it will address the issues identified by FHI360's Office of Compliance and Internal Audit (OCIA) in June 2014.
5. Another critical issue encountered is that the CSOs took much time to review and finalize the Improvement plans developed in the capacity assessment workshop; and this impeded the production of the final reports of the CSOs capacity assessment. IHPB held working sessions with the CSOs to explain how they should do to produce rapidly the improvement plans. Finally, the CSOs have submitted their final versions of improvement plans that are currently awaiting approval by IHPB.
6. Some outcome indicators are composite with no clear definition references. FABs were conducted to inform those indicators and IHPB kept in touch with USAID for the clarification or deletion of some of them. An internal workshop to define all project indicators and reference sheets as well as suggestion of clarification or deletion is planned for January 2015.

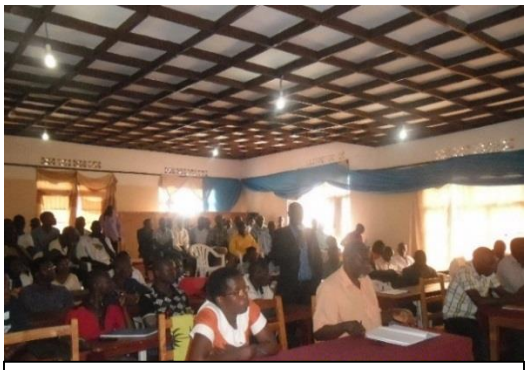
Success Story: *Beyond Buying Indicators: Performance Based Financing Strengthens Responsiveness of Burundi Health System*

The child Ndayikengurukiye immunized at Nyungu HC with his mother Adija

Adija is the mother of Ndayikengurukiye, an 11-month old boy who received his measles vaccine in May 2014 at Nyungu Health Center. They live at Ruhama, a sub-*colline* of Nyungu *colline* with Ndayikengurukiye's three siblings and their father, Muhamed. On July 21st, 2014, the family received a home visit from Mr. Felicien, a member of *Computer Training (COTRA) Club*, the local association selected to conduct community verification in that catchment area. He had come to inquire about their last visit to the health center.
After casual greetings to the guests in the courtyard, the discussion starts. Adija confirms the last immunization visit to the facility. Mr Felicien asks if it is possible to get the vaccination booklet. Adija promptly provides it. Mr. Felicien checks and the dates for all received vaccines are recorded.

"Did you pay any fees?" asks Mr. Felicien.
"No! But you know that immunization is free." answers Adija.
"Oh, I just wanted to know in case you were asked to pay for any reason when you brought the child for the vaccine." says Mr. Felicien.
"No. I paid nothing." remarks Adija.
"Were you satisfied with the way the personnel treated you and your child?" asks Mr. Felicien.
"Oh yes." answers Adija. She then explains how the nurse was compassionate and courteous.
Responsiveness is an important element of health system performance evaluation, alongside effectiveness and fairness (WHO, 2000). Responsiveness is about '**user-centered healthcare**' (WHO, n.d.); thus user satisfaction is its proxy.

Mr. Felicien, asked Adija, the mother of Ndayikengurukiye, whether their health center was all that responsive to their needs all the time. She answered that it was not so before the introduction of the surveys. Adija said that the providers were arrogant, did not explain to the clients how to take their medicine, and most of the time they sent clients to private drugstores to buy medicine. She wondered aloud that even if you had a complaint, where could you take it? She said that things were different then, but that now the surveys record their views. Adija told Mr. Felicien they were very thankful for the work he and the other surveyors were doing because it allowed them to contribute to improving the quality of their healthcare.



Feedback meeting (restitution) with in-charge nurses and district managers

The case of this mother is not isolated. In many countries, governments build facilities, equip them and assign personnel to work there. They think that these actions are enough to assure quality healthcare. But that is not quite true. In order to be responsive, health systems need to listen to their beneficiaries, and re-orient their priorities accordingly. In his criticism of the WHO 2000 report on health systems performance, Navarro (2000) showed how for example the WHO report ranked the Spanish health system in the 3rd position in Europe and 7th best performing of the world. Yet, Spaniards were on strike and wanted a deep reform of their health system. Then Navarro (2000) asked the question of who reasonably ought to evaluate the responsiveness of the health system: beneficiaries themselves or established health authorities? In Burkina Faso in 2011, following the neglect by a health provider which caused the death of a woman during childbirth, the population reacted violently by burning the facility (Meessen, 2012). This raises the question of who defines responsiveness and how. It is reasonable to obtain information on users' satisfaction or dissatisfaction and the reasons for either in order to reform the processes of healthcare provision accordingly (Donabedian, 1992). This is why the Burundian PBF opted to assess responsiveness through the community surveys of healthcare beneficiaries. Indeed, Burundi's PBF Manual outlines how the health system should ensure not only the technical capacity of facilities to provide quality healthcare, but also consider the voices and opinions of the beneficiary population: "The health services user population has a great role in expressing its level of satisfaction and proposing necessary changes." (Ministère de la santé publique et de la lutte contre le sida, 2011, p.27). The PBF Manual explains how beneficiaries' opinions are collected by the Provincial Committee for Verification and Validation (CPVV) through local association surveyors with regular feedback meetings to facility, district and provincial managing teams (Ministère de la Santé Publique et de la Lutte contre le Sida, 2011, p.27).

Like 11-month old Ndayikengurukiye, a sample of facility users is selected every six months from different service registers by the CPVV verifiers. The ministry has developed forms to guide the surveyors during their visits in the community. The surveyors go to the community to confirm information about the users, which services were received, any costs, and beneficiary satisfaction. They inquire whether users have ideas of how to improve the quality of healthcare at the facility (Ministère de la Santé Publique et de la Lutte contre le Sida, 2011, p.29). Collected data are analyzed and feedback is provided to the facilities to improve the quality of healthcare provided at that site. This way, *beyond buying indicators*, the Burundian PBF scheme strengthens the health system's responsiveness.

Through the IHPB, USAID is supporting the continued success and improvement of Burundi's PBF model through funding facilities based on achievement of performance indicators and through helping to strengthen the administration of the PBF system. The goal is to strengthen the functioning of the PBF scheme and system and to continue refining and improving the model and its operating systems in order to improve the health of the population.

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Attachments

Short Term Technical Assistance (STTA) Support Visits

During the first year, the IHPB benefitted from STTA provided by the home offices of the IHPB consortium members (FHI360, Pathfinder International and Panagora Group). The table below lists the visitors, title, dates of the support visit and the reason for the visit.

Name	Title	Dates	Purpose
Justin Mandala	Technical Advisor (FHI360)	Jan 30 – Feb 2,2014	Provided technical expertise for staff recruitment
Keith Aulick	Senior Technical Officer, Leadership and Capacity Development (FHI360)	March 8- 22, 2014	Provide global technical expertise on local capacity building, providing technical support for IHPB to finalize work planning as needed, and initiation of capacity strengthening work with local partners.
Katherine Lew	Senior Technical Officer, M&E and Strategic Information (FHI360)	March 11-21,2014	Provide global technical expertise on Health Information Systems for staff mentoring, and technical assistance for developing the PMEP
David Wendt	Technical Officer, HSS (FHI360)	March 14- 21, 2014	Provide global technical expertise on health systems strengthening for mentoring of new staff and orienting on the HSS approaches of the project
Megan Averill[1]	Senior Technical Officer, HSS (FHI360).	March 16 - 26, 2014	Provide global technical expertise on health systems strengthening for mentoring of new staff and orienting on the HSS approaches of the project
Todd Bachman[2]	Associate Director, Purchases, (FHI 360)	April 10 to 23, 2014	Provide orientation on to the new procurement officer, train IHBP staff on procurement issues, initiate procurement processes for high priority/immediate procurement needs
Name	**Title**	**Dates**	**Purpose**
Shaila Gupta[3]	Business Manager (FHI 360)	May 5-18, 2014	Assist with FY 2015 budgeting and planning process
Keith Aulick[4]	Technical Advisor, Leadership and Capacity Development (FHI 360)	May 12 - 21, 2014	Design CSO baseline assessment tool and develop local partner transition
Keith Aulick	Technical Advisor, Leadership Capacity Development (FHI360)	July 10-21, 2014	Support conduct of CSO baseline assessment

[1] Costs (air ticket, lodging and subsistence allowance) related to trip covered by FHI 360 unrestricted funds.

[2] The trip was total y funded by FHI 360 core funds

[3] Trip was totally funded by FHI 360 core funds

[4] Technical support visit was meant for the PMTCT project which allowed Keith to also provide support to the IHPB to design baseline assessment tools

David Wendt	Technical Advisor, Health Systems strengthening (FHI360)	July 14-25, 2014	Support design and planning of the district health system assessment
Katherine Lew	Senior Technical Officer, Strategic Information and M&E (FHI360)		Support planning for and implementation of the SARA and health services qualitative assessment
Philippe Sanchez[5]	Senior Program Officer (FHI360)		Provide administrative and management support to the IHPB office and other implementing partner
Name	**Title**	**Dates**	**Purpose**
Carina Stover	International Public Health Consultant (Panagora Group)	July 21-August 3, 2014	Consolidate and finalize technical approach for public-private and private partnerships
Berhane Gebru	Director of Programs, Tech Lab (FHI360)	August 10-22, 2014	Prepare and conduct the training of trainers and supervisors of data collectors for SARA using mobile technology (tablets)
Graciela Davila Salvador	Senior Advisor, Maternal and Newborn Health (Pathfinder International)	August 14-25, 2014	Support IHPB staff in conduct of integration workshop
Bruno Bouchet	Director Health Systems Strengthening (FHI360)		Support IHPB staff in conduct of integration workshop
Warren Parker	International Consultant	August 22-28, 2014	Facilitate participatory approaches to health communication through action media
Mbaye Khouma	Consultant, Public Private partnership (Panagora Group)	September 9-30, 2014	Support development of public private partnership (PPP) assessment and PPP strategy
Eugene Katzin	Technical Advisor, Gender Department (FHI360)	October 5-14, 2014	Conduct key informant interviews as part of the Qualitative Behavioral and Gender Assessment and participating in training of data collectors for the assessment

[5] Trip was totally funded by FHI360 funds

Rachel Lenzi	Research Associate, Social and Behavioral Health Sciences (FHI360)	October 8-29, 2014	Support Qualitative Behavioral and Gender Assessment: training, pre-testing, and initiation of data collection

Name	Title	Dates	Purpose
Catherine Packer	Research Associate, Social and Behavioral Health Sciences (FHI360)	October 14-22, 2014	Conduct data collectors' training on qualitative research methods for Qualitative Behavioral and Gender Assessment and review transcripts and revise interview guides based on pretest of interview guides
Margaret Waithaka	Research and Metrics Advisor (Pathfinder International)	October 19 – 31, 2104	Cleaning and analysis of community services mapping data
Mbaye Khouma	International Public-Private Partnership (PPP)/Private Sector Specialist (Panagora Group)	November 15-December 28, 2014	a) Support development of PPPs targeted in Year One work plan. b) Create "roadmap" (activities and milestones) for Years One and Two.
Thaddeus Pennas	Technical Advisor/Senior Communication Specialist (FHI360)	November 29-December 10, 2014	a) Finalize the SBCC strategy especially the SBCC section for Year 2 work plan.
Gina Etheredge	Technical Advisor, M&E (FHI360)	November 29-December 12, 2014	Support FY 2015 work planning for sub-CLIN 3.2 and other sub-CLINs as required.
Bruno Bouchet	Director, Health System Strengthening (FHI360)	December 2-20, 2014	Analyze the results of the district health systems assessment survey; finalize the integration charters in four provinces and establish their improvement monitoring system; and start the planning of Year-2 activities (Jan-Sep 2015).
Name	**Title**	**Dates**	**Purpose**
Sarah Eckhoff	Technical Advisor for Gender (Pathfinder International)	December 1-12, 2014	Support in developing the IHPB work plan for Year 2 with a focus on GBV.
Megan Averill	Senior Technical Officer (FHI360)	December 7-19, 2014	Support for development of IHPB Year 2 work plan and guide the project in developing a learning agenda.